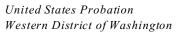
Memorandum

Bank Account Number:





Subject: Request for Garnishment Action		Date:	
To: (Check One)		From: (Insert Officer Information)	
Bonnie Walker (Defendant's Last Name is A-G)		United States Probation Office	
Yavonne Lino (Defendant's Last Name is H-P)		Officer's Name:	
Lei Castillo (Defendant's Last Name is Q-Z)		Officer's Phone:	
Shelly Hiatt (Defendant is joint and several)		Officer's Branch:	
The United States Probation Office for the Western District of Washington is requesting that the United State Attorney's Office for the Western District of Washington initiate a garnishment action as outlined below: (Please check the garnishment type requested and fill in appropriate details).			
Stipulated Garnishment			
Defendant's Name:			
Defendant's Address:			
Employer's Name:			
Employer's Address:			
Employer's Phone:			
Garnishment Amount:	\$ per pay	period	
Land Mark Wass Const	*.h		
Involuntary Wage Garn	Ishment		
Defendant's Name:			
Defendant's Address: Employer's Name:			
Employer's Address:			
Employer's Phone:			
Employer 8 Filone.	<u> </u>		
Non-Wage Garnishment	(Bank Accounts or Stoc	k Accounts)	
Defendant's Name:			
Defendant's Address:			
Bank or Brokerage Firm:			
Bank or Brokerage Address:			